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### Dissertation on puerperal fever

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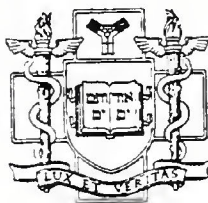




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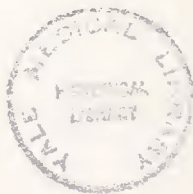


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*Dissertations*  
read by the  
Candidates for the Degree of Doctor in Medicine  
at the  
Annual Examination  
in the  
Medical Institution of Yale College,  
January 15-16.  
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Dissertation  
on  
Puerperal Fever.

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By  
Edward Mc Ewen Beardsley,  
of Monroe, Connecticut,  
Candidate for the Degree of Doctor in Medicine.

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## Morpal Fever.

This term was first employed by Dr. Strother, in 1746 to designate a fatal inflammatory affection, that existed among childbed women, and many modifications, and according to Le Maunsell other and totally different affections have been treated of under this head. Causing no little confusion, and almost every writer on this subject in their turn, have given a new name more particularly relative as they thought, to the true nature of this disease, to support some particular view or theory they might entertain, or to suit the precise form, they intrepred, without directing their minds to the possibility, that the malady ever deviated in its exhibitions of attack, symptoms or pathological characters.

There is a convenience especially for recording and communicating practical knowledge, in affixing a certain individuality to diseases, designated by brief and comprehensive terms and so far nosology has its rise. A name is not altogether unimportant for if not founded on the essential derangement, but derived from a contingent symptom, it conveys a false notion which to the young and inexperienced at least, is not harmless; tending to contract their views at that period of life, when the spirit of inquiry is most active, and very likely to give a bias to their mature judgment; the active business of life does not always afford time or opportunity for

investigating or correcting fundamental misconceptions; and thus a prejudice engendered by a mere name at the commencement of professional life may endure to its close. But there may be evils also attendant on such an arrangement, which should be kept steadily in view, else they are likely to mislead and to divert attention from the only source of real knowledge—the examinations of those morbid actions and structural lesions, which constitute diseases, and by the minute scrutiny of which alone can we ever acquire just notions of their nature or treatment.

The term puerperal fever is certainly vague and indefinite, but although not strictly scientific or consonant to the nomenclature of other febrile diseases, cannot, in the opinion of Prof. Oslander be well replaced by any other that has been proposed. And the old term as not involving any particular theory, and being now perfectly well understood to apply to a certain range of very fatal morbid conditions which occasionally succeed parturition, and will probably continue to be employed. Among the number who have advanced random names to this disease, we find Dr Goch holding a very conspicuous rank. He prefers the terms puerperal peritonitis or peritoneal fever, "because it would express the fact that an affection of the peritoneum is an essential accompaniment of the disease without defining what that affection is, because it is not

uniforin", So that there are already objections raised by those who are more capable of dealing with Dr Goven, than myself - and will only refer to the report of cases which occurred at St York Hospital. published by Alexander G. Oachi, where cases both acute, and Subacute are laid down, and no traces of any affection of the peritonium could be detected - and many other cases of anterior date might be summoned to testify against this rule which Dr Goven annexes to his term.

Dr. Armstrong has much to say of the term Puerperal. Fever and child-bed fever. calls it a vague term and says, if he were to write again, upon the subject. he would discard it altogether; because it implies "something peculiar" and there is no such thing as a fever *suigeneris* occurring in the puerperal state" Dr Robert Lee advises to banish entirely from medical use the term puerperal and child-bed fever and to substitute in their place that of uterine inflammation, or inflammation of the uterus and its appendages; and that the terms puerperal, puerperal-peritonitis, and puerperal fever, employed by some English physicians are not less objectionable; for the reasons already given, that in many fatal cases there is no proof of any affection of the peritonium.

In consideration of the important and sudden changes which take place in the condition of the uterus in parturition,



The first or inflammatory species of Puerperal fever differs little from ordinary Peritonitis in its symptoms. and happily the treatment for both is about the same, requiring prompt early administered and active remedies. Occurring generally in patients of a good constitution, and when epidemics prevail simultaneous with diseases of a decided asthmatic character.

In distinguishing it from intestinal irritation great reliance must be placed upon the previous marks of derangement of the chylific viscera, and especially the absence of that extreme pathogenomic tenderness upon pressure. At any period after delivery when the bowels have been neglected or mismanaged intestinal irritation may come on. there is a want of fever and its progress is more gradual than the acute and less marked than the subacute form of Puerperal fever. It is distinguished from after pains by its want of remission by the tenderness upon pressure and by the severity of fever. In hysterical tenderness it is often difficult to discriminate - the patient appearing to suffer exquisite torture and screaming even before the hand reaches the surface of the body - In these cases if you can succeed in diverting the attention of the patient, keeping the hand upon the abdomen - and gradually increase the pressure, some conclusion may be arrived at, whether the affection is hysterical or real.

The acute Puerperal fever is the simplest, and if promptly treated a less dangerous form than the malignant typhoid species. All agree I believe in laying down first in the enumeration of symptoms that occur a severe rigor seizing the patient about the second or third day after delivery, immediately succeeding or accompa-

we cannot be surprised that this organ is frequently the seat of inflammation in the puerperal state, involving its appendages and not infrequently the peritoneum at large in the same morbid condition, and the plain truths of the symptoms and post mortem appearances laid down by those who have no flimsy theory to support and interfere with an accurate account of the disease. convince us, that the uterus is the primary seat of this malady. It is a singular fact that the majority of writers upon puerperal fever have either forgotten or avoided the uterus altogether in their examinations and statements: not the most remote allusion is made by many (writers) to the state of the uterus. Carefully investigating the peritoneal covering and if morbid appearances there exist - often describing them with the utmost care the constitutional symptoms which account for the morbid state of that organ. Dr Lee in regard to the investigations of Dr Good says "he appears to have been satisfied with simply inspecting the peritoneal covering of the uterus. now we are strongly inclined to believe from what we ourselves observed, that if he had carefully examined the spermatic and hypogastric veins, the absorbents, the uterus and its appendages with the subperitoneal tissue, he would frequently have found inflammation or some of its products." In the whole course of Dr Good's chapters on this malady, not the least allusion is made to the condition of any of the deeper seated uterine organs in reference to this affection.

If other organs or tissues than the uterus and its appendages are involved, however deeply, it by no means necessarily implies that the affection is exclusive. neither does the absence of an increased vascularity of the peritoneal sac, the deposition or non deposition of serum or lymph, present any evidence of the non-participation of the uterus.

Puerperal Fever has been divided into varieties almost as numerous as its successive symptoms would allow. but there is good reason to conclude that all the varieties may be safely reduced to two, or to the at most three forms. viz. inflammatory, typhoid or adynamic and perhaps another division which some writers have termed synchoid. The inflammatory form having a phlegmonous, and the typhoid an erysipellatous character. This idea I am aware has many objections, but we take into account the state of the uterus after the completion of labour we must be ready to acknowledge the liability of that organ to inflammatory action of some kind, and that kind may be owing to the existing malaria or rather to the specific state of the system at that time.

It is to Dr Robert Lee that the profession is indebted for much light thrown upon the true character of this fatal fearful malady. His skillful hand traced out phenomena before unnoticed by the most thorough pathologist. It is to him we owe the elucidation of the true cause of Puerperal fever before a mystery to those who sought in vain for the real character of this disease. His investigations are minute and almost perfect. he has explained with



undoubted cleanses the great point upon which there was so much quibbling viz. that the first cause is inflammation of the abraded surface of the uterus. The ruptured condition of ~~that~~ the bloodvessels and myasthenia of that organ. as predisposing causes of inflammation, and local inflammation creating constitutional fever. The progress of the malady is more or less rapid according to the injury which the constitution has sustained from climate fevers &c. and perhaps inflammation of the urinary organs like that of the lungs. and other affections of a similar character which assume an epidemic form. takes place more frequently at one season than at another. Sometimes the inflammation seems to be directed to the more superficial and again to the deeper seated organs or tissues and still <sup>no</sup> essential difference existing in the character of the inflammation. It is very difficult to account for this caprice as it were of the disease in respect to the direction which it takes to one or other organs - but as it seems probable that inflammation of the uterus and its appendages must be considered as essentially the cause of all the destructive febrile affections which succeed parturition. and that the various <sup>forms</sup> they assume whether inflammatory or typhoid, well, together with the prevailing epidemic. be found to depend in a great measure on whether the serous, muscular or venous tissue of the organ has become affected. This is Dr Reid's opinion. an opinion formed from long acquaintance with every fruit in the disease. he observes "that with regard to the nature of this inflammation it is diffi-

But to determine whether it be of a common or specific kind he thinks it resembles other inflammatory epidemics, which are supposed to arise from a vitiated state of the air in some measure and as these diseases disappear without any assignable cause. So it is with purginal fever.

Here the advantage of a correct theory concerning inflammation would be experienced, but any reason we can assign for its cause involves a problem not yet resolved. Metritis, Peritonitis, or Uterine Phlebotis, may be as often connected with one form of the fever as the other, but undoubtedly the rapidity with which sanguinous deterioration and consequent adynamia takes place will greatly depend on the nature, extent, and importance of the structure primarily involved, hence it would appear that it may best be treated at its commencement at least, as simple synochial fever with the understanding that if it be not arrested in the first stages the condition of the body is such, that some organic change must inevitably follow, which no art can control. Even if we were obliged to exclude (which we are not, that it invariably has its source in specific contagion, yet the malady must be encountered according to the mode of its manifestation and not simply according to the notion we may entertain concerning its exciting cause, although of course that notion will somewhat influence our procedure, but merely as far as to remove as consequence first requires the removal of the cause.

The disease however is the same by whatever cause produced. and the withdrawal is not sufficient to effect a cure. for the continued action of the original impulse is not by any means necessary to effect, the establishment and development of disease. Since the system having acquired a morbid momentum is disposed to proceed morbidly, according to its own laws and <sup>not</sup> according to any specific influence derived from the determining impulse. The remedies must act on the medium through which the morbid influence itself acts. that is the nervous system considered as a whole. Dr. Loeck attributes any change that may take place in the blood to nervous influence. and says the nervous ~~influence~~ system is the main instrument by which this change in the blood takes place is partly proved by the fact that electricity in a powerful form and many of the animal and vegetable poisons act solely on that system. producing the same phenomena viz- blood divested of its coagulating vitality &c. and adds that the irritated state of the blood is a secondary and not a primary link in the chain of phenomena, and that it occurs in many instances in diseases of a similar character to puerperal fever when it could not arise from venous absorption.

Much will depend upon a correct knowledge of the causes of this disease. of this something has already been said. but the more immediate causes are principally mental depression



exposure to cold, retention of Coagula and retention of portions of placenta, mechanical injuries during parturition from manual or instrumental aids, crowded and ill ventilated apartments, various exhalations, fatiguing attempts to suckle - and irregularity, in diet &c. But frequently it arises in the most malignant form where we can assign no cause of this kind and are compelled to refer to some peculiar morbid constitution of the atmosphere or to some communication of contagious miasmata.

The causes of puerperal <sup>fever</sup> are often involved in much doubt, and may occur independant of the causes assigned to its propagation. For to how many diseases are mankind subject, that no very evident reason can be given, for their manifestation - and the only guide in the treatment are the symptoms.

It is a point of great practical importance to determine how far Contagion is to be considered as a cause of this disease, that it is occasionally so, we have the indubitable testimony of many practitioners. but doubtless it more generally occurs without bearing this character.

Diagnosis. there is great danger of confounding this disease with other and less important - or of mistaking the precursory symptoms - for the usual after pains of parturition. I mean for the young practitioner, who may never have witnessed a case of this very insidious disease - The more frequent affections taken for puerperal fever are peritonitis - intestinal irritation - after pains - hysterical tenderness of the abdomen &c -

ing is an acute pain in the abdomen in the hypogastric region and soon extends over the whole abdomen and after to the pit of the stomach. The patient lies only upon her back, and the extremities drawn up to relax the whole abdomen and to avoid the weight of the bed clothes. And in order to avoid the pressure upon the diaphragm endeavours to respire by means of the intercostal muscles, giving a very labious appearance to the breathing. The local symptoms are always accompanied by constitutional disturbance. The secretions, more especially the milk and local discharges are suppressed. Skin becomes hot, the pulse rapid small and wirey - or sometimes full and bounding. The tongue varies in appearance, sometimes creamy and moist - often dry in the center with a dirty coat. And at other times severely affected. occasionally great pain in the head with throbbing of the temples, want of sleep, - and restlessness with occasional vomiting. The countenance has always a peculiar anxious expression, so much so, that physicians accustomed to the disease, say they only wish to glance at the countenance to distinguish this disease from all others. The respiration is hurried, whilst the slightest disturbance or bodily exertion increases the abdominal pain.

These are some of the symptoms of the first stages of the disease enumerated by Dr Goock & Dr Mansell, not meaning by any means to say that this fever never occurs without manifesting all or any number of the symptoms above enumerated, but that these are the general succession of symptoms, that take place in the commencement and progress of this disease. Dr Lee mentions that he witnessed a fatal case of the disease, where, the lochia was-

not sup, except the milk checked until within a short time previous to her death  
This may be owing to the direction which the disease takes. Commencing in the uterus  
it may only seize the adjacent organs or confine itself to one particular organ  
either near at hand or according to some writers extend to the thorax, leaving scarcely  
any traces of its effects in the cavity where it first originated

In the first stages just described if proper remedies are employed and the disease  
yields to them, the pain and swelling gradually abate. the tenderness not so soon,  
the skin regains its natural state and a gradual abatement of all the symptoms  
follow, and the patient changes her position from the back to the side and  
with these promising signs, recovery takes place in two or three days. This however  
is not always the course pursued by the malady. in other cases where the  
disease is fatal. the pain and tension of the abdomen does not diminish in  
this stage, ~~but~~ after a short time the pain gradually subsides leaving the ten-  
sion and tympanitic state of the bowels perhaps increased or not at all dimin-  
ished. the pulse becomes more ~~and~~ rapid as well as feeble and thready. the  
skin clammy and cold. The mind occasionally aberrating or ideas confused  
soon succeeded by low muttering delirium. Tongue dry and brown. the teeth  
covered withordes. The patient is disturbed by eructation or vomiting. Some-  
times of a frothy green matter. hicough, twitching of the limbs. sunk and cadav-  
erous countenance and cold extremities. are the sure indications of approaching  
death. This is the common course of this form of the disease. all the symp-  
toms enumerated not always occurring in the same case any one may be absent.



or, perhaps the symptoms communicated ~~at all times~~ do not invariably pursue this exact routine. but form what is termed the latent character. There may be no confusion of intellect. the situation of the pain varies or may be entirely absent. But whatever variety may exist in the other symptoms, I should infer that two are always present that are uniform in their occurrence and specific to this form of inflammation. one is extreme hardness and incompressibility of the pulse, and the other abdominal pain and tenderness. and these, perhaps may be almost implicitly relied upon in the diagnosis of this disease. although it might be observed again that it might require considerable tact to ascertain whether the abdominal tenderness be real or only apparent.

Horrid appearances occurring in the thoracic cavity according to some eminent investigators. are effusion into the cellular tissue of the lungs and into the bronchial tubes, together with a serous effusion into the cavity of the pleura. Sometimes traces of more actively acute inflammation are visible, the pleura costalis or pulmonalis being found coated with a thick layer of coagulable lymph. In the abdominal cavity the intestines are often found distended with flatus and matted together by patches of coagulable lymph. These appearances being more or less diffused over the fundus of the uterus and where they lie in apposition to it. The ovaries and fallopian tubes are often found coated with a creamy fluid and purulent deposits in the muscular structure of the uterus. and according to Dr Lx the ovaries are often completely organised and converted into sacks of purulent matter.

The treatment must be prompt and early, but unfortunately a medical <sup>man</sup> is rarely summoned until the rigor has ceased and the pyrexia established. Every hour of delay after the onset of the symptoms is of the utmost importance. If happily, the patient is seen during the rigor - but diluents - and perhaps an emetic should be given - hot fomentations should be applied over the abdomen a brisk cathartic such as calomel followed up by salts. Castor oil or Jalap. warm water injections may be thrown up the rectum and vagina. Much is said of this plan of treatment by hospital practitioners as being very efficacious in arresting the disease. if this plan is inefficient the symptoms not relaxing in their severity or if the patient has not been attended to until the subsidence of the rigor, depletion is indicated if the patient is plethoric. no exhaustion apparent. general depletion may be resorted to. but on the other hand if the patient is delicate and feeble or exhausted from past flooding. the leeches to the abdomen may be sufficient to alleviate the symptoms. In short more obstinate symptoms must be met with a more vigorous plan of treatment.

The second or pyrexial form of puerperal fever, <sup>di-er</sup> is remarkably different from that just described. being of a low grade of fever and of much more dangerous and fatal description. This form of the disease differs from the former not only in its causes but in its symptoms. By far the most powerful predisposing causes are derangement of health. impaired and broken down constitutions previous to delivery.

Some authorities say a large portion of seasons labouring under this disease are known to inhabit badly ventilated rooms and to live on immoderate kinds of diet. Others labouring under typhus fever at the time of their accouchment and individuals who have suffered much from hemorrhage antecedent to delivery, parturition or who have had ~~exhaustion~~, exhausted or overexposed labours. extreme mental depression, eventually predisposed to this affection. Thus some of the females who have been the subjects of the low form of this disease are known to have been the victims of seduction and consequently under the depressing influence of mental suffering and despondency attendant on their wretched situation.

I mention these as natural reasons where the disease occurs in a sporadic form, when prevailing epidemically and depending on some peculiar influence for its propagation it attacks indiscriminately those who are not debilitated by any previous causes as well as those who are.

The symptoms of this form of the disease are much less marked than those of the acute inflammatory species.

Pain according to some authors is not a constant attendant or found to exist only at the commencement. or should the disease be of long duration wounds its end in the most fatal cases. The patient complaining more of debility, either local or general, and occasionally it is only by means of a very careful examination and by making pressure with



very considerable force, that any abdominal tenderness can be detected. Dr. Koch says the most formidable symptoms are to be found in the pulse. ~~The pulse~~ the countenance and the nervous system. In all these cases the pulse are extremely small rapid and compressible, varying from 120 to 140 the countenance is remarkably anxious and sunk with a livid and often a yellowinge of the skin, much more restlessness and tossing than in the acute; Now does the alteration of posture appear to increase the pain as much as in the acute form, the muscular powers of the patient is exceedingly prostrated, the nervous complaints usually of great weakness and want of rest; and often begs in the most urgent manner for relief of some description. The expression of suffering on the countenance is characteristic but differs from that observed in the first species of inflammation being indicated by exhaustion and anxiety rather than intense suffering. The state of the bowels is not regular. Constipation does not exist to the same extent, nor require the same powerful remedies for its removal as in the first species. Yet at the same time the bowels are more or less loaded, and the hepatic and intestinal secretions are considerably deranged. The tongue is sometimes white and at other natural, occasionally it is of a bluish whiteness as of cream spread over dark ground work, a condition of the tongue almost peculiar to the disease. The temperature of the body may not vary much from the natural standard, except it be during the rigor or immediately succeeding - The skin sometimes but not always is covered with large livid spots. And we can sometimes

is an abundant and gross discharge. in such cases the evacuations are highly offensive. the lochial discharges are fetid if not suppressed. the breasts speedily become flaccid from the subsidence of the secretion of milk; there is great eagerness for cold drinks and a dislike to be disturbed. blood taken from the arm in small quantities produces faintness. and after a very short small bleeding the strength of the patient is fully & fully prostrated, and the urgency of the symptoms increased. The blood when drawn from the arm is usually dark the coagulum formed is loose and easily broken up, and the serum is separated slowly and imperfectly. This form of the disease is sometimes extremely rapid in its progress. There is however but little severity in its symptoms. As in the inflammatory so too in this there is regurgitation of the contents of the stomach by the unassisted efforts of that viscus. the temperature of the body diminishes and the patient at last sinks exhausted.

Treatment of this form of Puerperal fever seems to have been very unsatisfactory. The advocates of extensive depletion in all cases recommend their mode as the only safe plan of treatment. that to be unsuccessful is owing to the timidity of the physician in not being pushing it to a sufficient extent. Dr Loeck says an oppressed pulse would indicate this treatment. but there is certainly an important difference between the oppressed pulse and <sup>the</sup> really full. thought there may be much difficulty in distinguishing the one from the other.

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To form a rule of treatment it becomes necessary to consider what the character of the disease is. It consists in local inflammation of a low erysipelatous character accompanied with constitutional fever of a crises producing nature. The local and constitutional affections if unchecked react on each other so as to render the circumstances of the case progressively worse. The means employed for subsiding inflammation if applied here would not only be inefficient, but absolutely injurious. depleting measures having<sup>th</sup> tendency of course of increasing the debility and exhaustion already present, it is only by trying to remove the cause that tends to keep<sup>th</sup> this state of the system through the medium of the constitution generally by employing remedies that will impart to the seat of disease a degree of tonic and healthy action. that the local inflammation may be expected to assume a character as may admit of a favourable termination

"Bleeding is laid down as decidedly injurious by all of whom it is expected to have had any degree of experience in the disease. often hastening a fatal termination. the medicines upon which most reliance can be placed are mercury and opium. According to the observations of some practitioners opium appears to exercise a very beneficial influence in several low forms of inflammation and there is much encouragement in the free use of it in this disease. In cases of constipation, spirit of turpentine has been recommended by some



as well as as useful as an agent and at the same time stimulating and restoring a healthy tone to the mucous membranes. Great caution about giving any drastic purgative should be used lest it might increase the debility and accelerate the approach of diarrhoea which is occasionally a very troublesome symptom. Holding in view the objects already mentioned, that of restoring tone and healthy action to the system, that which may be called the diet management of the patient must be borne in mind. Consommé or some other agreeable aromatic may be given in a cup full of whey or arrow root occasionally. Chicken broth properly prepared is recommended as an useful article.

The pathology of this form of inflammation is quite characteristic being of a nature totally different from that of the foregoing species. In this there is no copious effusion of lymph met with so abundant in the acute form. Usually a large quantity of foetid gas in the intestines abdominal cavity, the character of the effused fluid if any is formed of a dirty brown colour and often bloody and is peculiarly glutinous. The shreds of lymph (where there are any) are very loose and destitute of firmness. The uterus is soft and flabby often approaching to gangrene. The ovaries present the same appearance. Dark colored softened patches are often observable in different parts of the soft intestines. The thorax also is the seat of effusion in this as well as in the preceding form of inflammation, but that coating of lymph on the

...the same kind of fluid is not formed, but presents the same appearance as in the abdominal cavity.

The third or mixed form is believed to be the most frequent, except seasons when either of the other may prevail as an epidemic. It is probably the same form as described by Dr Locoek under the head of puerperal intestinal irritation. The third or synchoid form resembles the first in being characterised by a violent abdominal pain upon pressure and temperature of the body being increased but not to the same extent by the absence of entire debility and exhaustion that is always a concomitant of the typhoid species. It differs from each in the character of the pulse it does not possess the hardness and incompressibility peculiar to the first nor sinks into the weakness and compressibility of the second form. — As it holds a character intermediate between the typhoid and acute so the treatment must be adapted to meet it not decidedly antiphlogistic or entirely stimulating — or resorting more to the one than the other as the disease in its progress may, partake of the nature of either. and perhaps the treatment employed in puerperia may with propriety be recommended generally in this form of the disease. but of course modified to suit the symptoms that arise in every stage. Pathological anatomy of this form of the disease is not very decidedly characteristic. Some have resembled the acute form and others pretend to trace a line of distinction

... then this and either of the other forms. Dr Goek describes a form of peritonitis which is very nearly allied to this form, in which the pathological character exhibited no effects of inflammation. the uterus and its appendages and the peritoneal covering presented a pale appearance and says they caught, since that a lying in woman, eight days, recurred - pain and tenderness of the abdominal region with a rapid pulse independent of inflammation of the peritoneum or any other part. that the attack seemed to originate sometimes in violent after pains - gradually passing into permanent pain and tenderness resembling inflammation - or in the painful operation of a purgative. These cases when called to them in their first stages were treated successfully by opiates and fomentations.

There seems to be nothing particularly dangerous in this form of the disease except an incorrect diagnosis be formed and improper remedies administered. The disease to which it bears a striking analogy is peritoneal inflammation and Dr Goek says was invariably taken for that disease by the practitioners who assumed it all of whom possessed at least that average degree of sense and knowledge on which the public must necessarily depend. and he thinks this is the form that occurs sporadically modified perhaps by the peculiar state of the patient.







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